

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216508543

1.) CORPORATION NAME:

THE FOXES COMMUNITY SERVICES ASSOCIATION

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES E VAIDEN
4557 THE FOXES
WILLIAMSBURG, VA**

SCC ID NO: **01735620**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4545 THE FOXES

CITY/ST/ZIP: WILLIAMSBURG, VA 23188

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELIZABETH N VAIDEN		
TITLE:	PRESIDENT		
ADDRESS:	4545 THE FOXES		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID I CLAY		
TITLE:	TREASURER		
ADDRESS:	4572 THE FOXES		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES E VAIDEN		
TITLE:	SECRETARY		
ADDRESS:	4557 THE FOXES		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EMMA J VAIDEN		
TITLE:	DIRECTOR		
ADDRESS:	4557 THE FOXES		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES E VAIDEN	JAMES E VAIDEN, SECRETARY	3/5/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.